

**Inspection, Testing, and Maintenance Private Fire Main Systems  
 NFPA 25, Chapter 7 as amended by CCR, Title 19**

Page 1 of 2

Date of Inspection, Testing, Maintenance: \_\_\_\_\_

Property Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_



Abbreviation Key:

I = Inspection


T = Test

M = Maintenance

A-O = After Operation

MI = Per Manufacturer's Instructions

Item	Activity	Frequency	Description	NFPA 25 Reference	Fail	N/A	Pass
1.1	I	Quarterly	Hose Houses	7.2.2.7			
1.2	I	Quarterly	Control Valves	12.3.2.1			
1.3	I	Quarterly	Pressure Regulating Devices	12.5.1.1 12.5.4.1			
1.4	I	Quarterly	Backflow Preventers	12.6.1			
1.5	I	Semiannually	Monitor Nozzles	7.2.2.6			
1.6	I	Annually	Hydrants (Dry Barrel and Wall)	7.2.2.4			
1.7	I	Annually	Hydrants (Wet Barrel)	7.2.2.5			
1.8	I	Annually	Mainline Strainers	7.2.2.3			
1.9	I	Annually	Piping (Exposed)	7.2.2.1			
1.10	I	See 7.2.2.2	Piping (Underground)	7.2.2.2			
2.1	T	Annually	Monitor Nozzles	7.3.3			
2.2	T	Annually	Hydrants	7.3.2			
2.3	T	Annually	Control Valve - Position	12.3.3.1			
2.4	T	Annually	Control Valve – Operation	12.3.3.1			
2.5	T	Annually	Backflow Preventer Assemblies	12.6.2			
2.6	T	Annually	Supervisory	12.3.3.5			
2.7	T	5 Years	Piping (Exposed and Underground) Flow Test	7.3.1			
2.8	T	5 Years	Pressure Regulating Valve	12.5.1.2 12.5.4.2			
2.9	T	5 Years	Fire Department Connection Backflush	12.7.4			
3.1	M	Annually	Mainline Strainers	7.4.2			
3.2	M	Annually	Hose Houses	7.4.5			

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<p>Date of Inspection, Testing, Maintenance: _____</p> <p>Property Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p>	<div style="text-align: center;">  </div> <p>Abbreviation Key:</p> <p>I = Inspection</p> <p>T = Test</p> <p>M = Maintenance</p> <p>A-O = After Operation</p> <p>MI = Per Manufacturer's Instructions</p>	

Item	Activity	Frequency	Description	NFPA 25 Reference	Fail	N/A	Pass
3.3	M	Annually	Hydrants	7.4.3			
3.4	M	Annually	Monitor Nozzles	7.4.4			
3.5	M	Annually	Control Valves	12.3.4			
3.6	M	Annually	Valves (All Types)	Chapter 12			

Item	<b>Deficiencies and Comments:</b> <b>Deficiencies and Comments Item number must correspond to the Item number of the Activity listed above:</b>
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> See Continuation Page(s) _____ (Indicate the number of continuation pages)  <input type="checkbox"/> PASS  <input type="checkbox"/> FAIL </div> <div style="text-align: center; width: 30%;">           _____            Signature </div> <div style="text-align: center; width: 30%;">           _____            Date </div> </div>	